

REPORT OF A CASE IN WHICH A LARGE NUMBER  
OF FOREIGN BODIES WERE REMOVED  
FROM THE STOMACH.\*

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THE literature is quite full of cases operated upon for the removal of foreign bodies from the stomach, but as a rule these individuals seek the advice of a surgeon only when the suffering becomes intolerable. A great many foreign substances have been removed at post-mortem from the stomach.

When the stomach is not dilated or ulcerated, and when the pylorus is patulous, gastrotomy is sufficient, with the removal of the foreign bodies. A gastro-enterostomy is occasionally demanded on account of the obstruction at the pylorus. The case I have to report is as follows:

Mr. E. W., aged 47, American, 4 feet 11 inches tall, weighs 140 pounds. His occupation is that of glass and nail eater. Has eaten glass for 20 years and it never troubled him until February, 1906. Has swallowed 8- and 10-penny nails and horseshoe nails for the last five years; a few were passed in stools. Has swallowed pieces of glass as large as his thumb. Mouth has been cut several times, anus cut once. Stools have been black only during the last five or eight months. Drinks a gallon of water at a time in one minute. Has drunk 40 gallons of water in a day. Four years ago had a hæmorrhage from stomach after drinking 12 gallons; bled about one pint. Is a contortionist, eats fire and is a strong man. His last attack came on while in St. Louis, five weeks ago. He was on the street when he was taken suddenly with severe pain across stomach and in region of heart. Was taken to hospital in St. Louis and remained there three weeks until he came here, two weeks ago. Was fairly

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\* Read before a joint meeting of the Crow River Valley and Meeker Co. Medical Societies, at Litchfield, Minn., Oct. 10, 1906.

well until two days ago when he was taken again and laid up in bed for a couple of days.

Patient vomits considerable matter of a black color, which tastes like iron rust. Stools are of a black color. Has a feeling of weight in his stomach. Has lost about 25 pounds in weight in the last five months. Has not lost strength at all, but is short-winded. It hurts him to breath, especially to do deep breathing, which produces the sensation of a knife cutting in his stomach. There is a constant steady pain which becomes worse at times. Says that he can feel objects in his stomach at times.

*Habits.*—Uses tobacco moderately, has been an inveterate drinker until eight months ago, since which time he has drank no alcoholics. Appetite and sleep good. Bowels are constipated. Patient is well nourished, muscular; bends with his teeth an iron rod  $\frac{3}{4}$  inches in diameter. Straightens out horseshoes, breaks rocks with his fist. Tongue not coated or scarred, of good size. Upper lip shows scar to right of median line. Eyes normal. Two fingers are gone from left hand.

*Family History.*—Father died at 65 years of stone in bladder. Mother died at 75 of cancer of stomach. Two brothers well, two dead,—one of blood poisoning at 49 years, one of consumption and Bright's disease at 39 years.

*Previous and Present History.*—Married. Has had 8 children, of whom 2 were still born and 4 died in infancy. Two are living and well. Patient was kicked in head by horse 22 years ago, receiving only scalp wound. Was in hospital 5 years ago and had first 2 fingers of left hand amputated. Was also in hospital three months ago for stomach trouble. At that time stomach was washed out but no foreign matter obtained.

*Condition on Admission.*—Teeth in good condition—very short. Mouth and pharynx negative. Cannot take a deep breath. Stomach dilated two fingerbreadths below umbilicus—very tender. Temperature between  $97.5^{\circ}$  and  $99.5^{\circ}$ ; pulse between 98 and 100. Chief symptoms: Pain, vomiting, black stools, loss of weight, feeling of foreign body in stomach.

Urine: Normal except a few pus cells. Blood: June 11, 1906, 3 P.M., hæm., 90 per cent.; R. B. C., 4,600,000; W. B. C., 10,200.

*Operation,* June 13, 1906. General condition of patient: Good before operation. Ether. Pulse before operation 90;

pulse after, 100. Operation commenced 9.05 A.M., completed at 10.30 A.M.

*Description of Operation.*—Vertical median incision—stomach greatly dilated. Induration found at pyloric end. The stomach wall was greatly thickened in places, in others showing scars of healed ulcers. The wall was generally very friable and with difficulty held the sutures. Posterior gastro-enterostomy. Two rows of Pagenstecher thread and one row of catgut; Lembert sutures. Irrigation of stomach. Dry dressings, cigarette at top of incision. Fifty-two nails were removed through the opening made. (Fig. 1.) Some of them were as small as shingle nails, but most of them 6- 8- 10- and 20-penny nails removed from sacculated cardiac end of stomach. These were in various stages of erosion, two being like darning needles. Also 5 pieces of thin glass removed.

The nails were in bunches and a number of them imbedded in the stomach wall and surrounded with exudate, making their removal more difficult and accompanied by some hæmorrhage. The extra suture row was used to prevent a leak, owing to the possibility of some of the sutures cutting through the friable wall.

This case was of especial interest because of the particularly bad condition of the stomach, viz.: the ulcerated areas; the thickened walls which were hypertrophied and fibrous in places where old ulcers had healed; because of the friability of the stomach wall along the greater curvature, and, especially, because of the obstruction of the pylorus and the large size of the organ.

This patient did not vomit after the operation. He made a rapid convalescence, and on the fifth day insisted on eating solid food. On the seventh day he was out of bed, as he declared himself well. On the ninth day he could not be persuaded to stay in the hospital longer and went home. The following day he was around town looking for a job, and on the twelfth day he called at my office demanding the nails, as he stated he had a chance to make \$5.00 that evening by exhibiting the same, and was only persuaded to leave without them by the loan of a dollar, to pay board, as he said. He stated since leaving the hospital he was eating regular food and felt



well. Four days later, while in a neighboring city, he was seized with severe pains in the stomach. He was taken to a hospital and kept quiet for a few days when he was out again.

He has since called at my office stating that he had suffered occasionally but was comparatively well.